

**FILED**

SEP 04 2019

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTH WEST DISTRICT OF TEXAS  
DEL RIO DIVISION

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY [Signature]  
DEPUTY CLERK

MICHAEL E. BOSSER 121692  
Plaintiff's Name and ID Number

EAGLE PASS Correctional Facility  
Place of Confinement

**DR 19CV0055**

CASE NO. \_\_\_\_\_  
(Clerk will assign the number)

v.

GEO GROUP, INC, Florida, USA  
Defendant's Name and Address

GEO GROUP MEDICAL, SAME AS ABOVE  
Defendant's Name and Address

MR HIGGINS + HANSEN, IDAHO DEPT OF CORRECTIONS  
Defendant's Name and Address  
(DO NOT USE "ET AL.")

**INSTRUCTIONS - READ CAREFULLY****NOTICE:**

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

3 1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.

2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.

3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.

4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

✓ VRG

**FILING FEE AND IN FORMA PAUPERIS (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of \$400.00.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES ☒ NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
  1. Approximate date of filing lawsuit: N/A
  2. Parties to previous lawsuit:
   
Plaintiff(s) N/A
  
Defendant(s) \_\_\_\_\_
  3. Court: (If federal, name the district; if state, name the county.) N/A
  4. Cause number: NONE
  5. Name of judge to whom case was assigned: NONE
  6. Disposition: (Was the case dismissed, appealed, still pending?) N/A
  7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: EAGLE Pass Correctional Facility

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure?

YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Michael E Bosse, #121692  
EAGLE Pass Correctional Facility, P.O. Box 849 DORM E2  
TEXAS

B. Full name of each defendant, his official position, his place of employment, and his full mailing address: IDoe

Defendant #1: MR HIGGINS, CONTRACT DIRECTOR EAGLE PASS, TX MR HANSEN, CONTRACT MEDIATOR EAGLE PASS, TX IDHO DEPT CORRECT-

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. IN CONTRACTUAL RELATIONSHIP WITH GEO, SHAWER, CANT CONTACT MY ATTORNEY  
WONT LET ME CALL FREE, 1ST AMEND  
STOLEN EVIDENCE - CORON - LOST COURT UPORP.

Defendant #2: ADAM MARTINEZ SAME 5TH AMEND, DUE PROCESS, CANT GO TO LIBRARY  
AND MR. ARYES, MR. ORTEZ 5TH AMEND, DUE PROCESS, CANT GO TO LIBRARY  
STOLEN GRIEVANCES  
NO COUNSEL, AVOIDS  
+ CONTACT OUTSIDE HELP  
+ PREJUDICE

Defendant #3: GEO MEDICAL, ADDRESS RESTRICTED  
MEDICAL-MAL PRACTICE, GROSS NEGLIGENCE, DELIBERATE INDIFFERENCE  
MADE ME SUFFER 5 MONTHS, WITH INFECTED EAR THAT SPREAD - LOSS OF HEARING  
2 - WENT 6 MONTHS WITH SWOLN EARS, NO MEDS-HELP  
3 - GAVE ME WRONG RX SEVERAL TIMES, + REFUSED

Defendant #4: #GEO STAFF - SERGEANTS MONOSE, PLUS LADY? PLUS MAX CO. WHEELCHAIR  
TO ME  
TURN OFF BOX  
DELIBERATELY MADE ME LYE IN THE HOLE WITH JACK HAMER ON MY CELL  
IN THE COLD, WITH BLOOD EARS, AND SWOLN EARS, AND NO TOLLER PAPER  
TO Wipe my SELF, ALSO CANTS ME, NAMES WONT GIVE  
THROWS AWAY MY KITES, AND MEDICAL REQUESTS  
AND TURNS OFF MY EMERGENCY CALL BOX + TALK  
MAKES ME MISS MY APPOINTMENTS

Defendant #5: GEO Corp. LEGAL + MEDICAL  
I AM CHALLENGING THEIR POLICY + PROCEDURES, WHICH ARE  
AGAINST THE 5TH AMENDMENTS, AS TO RETRIEVE ALL  
KITES, BUSINESS MAIL, MEDICAL REQUESTS, GRIEVANCES, NO  
LEGAL CALLS, THAT THEY CLAIM THEY CAN DO WHAT THEY WANT  
WITH THE KITES, NOT TO ANSWER THEM, THROW THEM AWAY,  
MAIL - NOT TO GO OFF PROPERTY, AND PREVENT ME FROM  
EXERCISING MY MONTANA DETOUR-INTRANSIT TREATY + STOLEN EVIDENCE  
IN MY CRIMINAL CASE.

EXHIBITS 1-61 GEO

~~9 MOS LOW~~  
~~SPECIAL NOTE: I AM IN THE HOLD, ADMIN SEPARATION~~  
 I AM DEPENDANT ON STAFF COMING TO MY DOOR, FOR HELP + SUPPLIES.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT. ~~NOTE: THERE IS 2" THICK STACK OF GRIEVANCES + KITES.~~

THE VIOLATIONS HAPPEN HERE IN EAGLE PASS, TX, PRISON/GEO -

BETWEEN THE MONTHS OF 10-2018 AND 9-2019 FOR DELIBERATE INHUMAN

THIER ARE TO MANY DEFENDANTS TO ITEMIZE AT THIS TIME, THEY "DEPT" ARE ALL, EGUM IN PARTICIPATING W ABUSE, PLAN FACTS AS FOLLOWS:

#1 GEO MEDICAL, REFUSED MEDICAL TREATMENT TO MY EAR + LEGS, NEGLECT,

GIVING ME SOMEONE ELSE'S MEDICATION, GAVE ME DANDRUFF SHAMPOO

FOR SWELLING IN MY LEGS + BODY, STILL SUB-STANDARD CARE FOR MY GLYCOMA,

NOW I HAVE A ONLY FIGHT WITH EAR PAIN, VISION, SWOLLEN LEGS,

#2 MR MARTINEZ, MR RYAN, MR ORTEZ, MR MONROE, MRS MARTINEZ, MR HARRIS, HEARN

AND ALOT OF STAFF, SWAMING ME OUT, ABUSING ME, NOT GIVING ME BEDDING

RELIEF: OR TOILET PAPER, IGNORING ME, AND ABUSING SEVERAL MONEY + ATTORNEY

OUTSIDE LEGAL VISITS + MEDICAL COMMUNICATIONS + CUSINESS

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. ~~NOTE: I WAS PERFECTLY HEALTHY - PHYSICALLY + MENTALLY UPON ARRIVAL.~~

I WANT MY LEGAL MAIL BACK, I WANT THE OPPERTUNITY TO FIGHT MY

CONTRACT IDOC, FOR BUSINESS + LEGAL NEEDS, TO COMPENSATE ME FOR

MY PAIN + SUFFERING + TO LOOK AT MY FACE + PROVIDE MEDICAL CARE SO I CAN WALK,

AND LOSS OF HEARING.

GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases. + WORK

NONE

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

121692

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A

2. Case number: NONE

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied? N/A YES ☒ NO



# V. STATEMENT OF CLAIM

## C. DEFENDANT(S) AND CAUSE(S) OF ACTION CONTINUATION

(Copy and use a separate page for each defendant and each different type of claim; for example, if you have two different claims against one defendant, you will use two pages. Attach a continuation page if needed, but try to be brief.)

1. I am suing GEO STAFF<sup>Group</sup>, who was acting as OFFICIAL CAPACITY  
(defendant) (job title, if a person; function, if an entity)

for the STATE OF IDAHO OF CORRECTIONS, UNDER CONTRACT FOR GEO  
(state, county, city, federal government, or private entity performing a public function) Group

2. (Factual Basis of Claim) I am complaining that on 10-2018 thru 9-2019, Defendant did  
(dates)

the following (state how Defendant participated in the violation and include the reason Defendant so acted if known): ASS WARDEN CONTINUATION OF PAGE 4, FOUNDATION FOR #2 I.E. MR. MARTINEZ MR. RYES, MR. ORTEZ, MR. MONVOSE, MR. HANSEN, MR. HIGGINS, plus 3 SERGEANTS 1 FEMALE, CORRECTIONAL OFFICERS ON DUTY C.O. RODRIGUES, C.O. E. GARCIA, MRS. MARTINEZ COUNSEL, MR. CORONADO COUNSEL, MISS VILLA INMATE ACCOUNTS, C.O. TELAZAR, plus + 4 OTHER UNKNOWN CORRECTION OFFICERS. I HEREBY DECLARES THAT THESE PEOPLE ARE BEING SUED FOR TO ESTABLISH FOUNDATION ONLY OF DELIBERATE INDIFFERENCE, MENTAL + PHYSICAL ABUSE + TORTURE, AND TO ALSO PROVE THIS WITH MALICE, GROSS WONTON NEGLIGENCE IS A BASE, IT ALSO TO BE SHOWN THIS PREJUDICE WAS ALSO FOR MEDICAL

3. (Legal Basis of Claim) I allege that the acts described above violated the following provisions of the 1<sup>ST</sup> AMEND, Constitution, federal statutes, or state laws: VIOLATIONS. MEDICAL MALPRACTICE, GROSS NEGLIGENCE, 8<sup>TH</sup> AMEND CONTRACT WITH OUTSIDE WORLD, UNABLE TO FOLLOW JUDGES ORDERS + LEGAL RIGHT 1<sup>ST</sup> AMEND + 5<sup>TH</sup> AMEND = DUE PROCESS + 8<sup>TH</sup> AMEND.

4. I allege that I suffered the following injury or damages as a result: LOSS OF MY CD-ROM WHICH I SUSTAINED A LOSS IN COURT, A JUDGES DECISION, AND LOST A U.P.C.R. PETITION, CURRENTLY ACTIVE APPEALS, AND LOST CONTACT PEOPLE WHO HAVE MY EXHIBIT EVIDENCE ALSO \$1000 REPACEMENT, LOSS OF HONOR, REDUCTION IN RANK OF MOTION PAIN + SUFFERING + ABUSE

5. I seek the following relief: TO HAVE ALL THESE PEOPLE TERMINATED FROM THEIR EMPLOYMENT, AND TO REGISTER WITH LOCAL AUTHORITIES, plus compensation \$ AS RED FLAG POTENTIAL PUBLIC WARNING, MENTAL,

6. I am suing Defendant in his/her ☐ personal capacity (money damages from Defendant personally), and/or ☒ official capacity (seeking an order for Defendant to act or stop acting in a certain way; or money damages from an entity because of Defendant's acts, as allowed by law); or ☐ Defendant is an entity (government or private business).

7. For this claim, I exhausted the grievance system within the jail or prison in which I am incarcerated.  
☒ Yes ☐ No. If "Yes," briefly explain the steps taken to exhaust; if "No," briefly explain why full jail or prison grievance remedies were not exhausted.

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): None
2. Case number: None
3. Approximate date warning was issued: None

Executed on: 8/27/19  
DATE

Michael E Bosse  
121692  
(Signature of Plaintiff)  
Michael E Bosse

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 8/27/19 day of AUGUST, 20 19.  
(Day) (month) (year)

Michael E Bosse  
Michael Earl Bosse  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**

# Family Law Case Information Sheet

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

Fill out this form to start a Family Law case.  
The information you give us is **private**.

1. Describe your case: ☐ Divorce ☐ Custody ☐ Paternity ☐ Guardianship ☐ Adoption ☐ Protective Order  
☒ Other ONLY PRISONER

## 2. Information about Petitioner

Name: MIK EARL BOSS  
First Middle Last

Any other names used: NONE

Address: NONE  
Street City State Zip

Mailing Address: NONE

Phone numbers: NONE  
Home Work Cell

Employer's name: NONE

Social Security Number: \_\_\_\_\_ Date of Birth: 12-5-59 Sex: ☒ Male ☐ Female

Is English your first language? ☒ Yes ☐ No If no, what language? \_\_\_\_\_

Do you speak, read and write English? ☒ Yes ☐ No

## 3. Information about Respondent

Name: \_\_\_\_\_  
First Middle Last

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_  
Home Work Cell

Employer's name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Is English your first language? ☐ Yes ☐ No If no, what language? \_\_\_\_\_

Do you speak, read and write English? ☐ Yes ☐ No

4. Children under 18 in this case (List your children and the children of the person in ☐)

Child's name	Date of birth	Social Security No.	Whose child?
1. <u>NONE</u>			<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*
2. <u>↓</u>			<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*
3. <u>↓</u>			<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*
4. <u>↓</u>			<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*

\* If Other, whose? (If there is more than one other parent, list name and specify relationship): NONE

Who do the children live with now? (name and relationship): N/A

## 5. Other Cases Involving Children

List any child support, custody, adoption, or guardianship order for any child listed on this form:

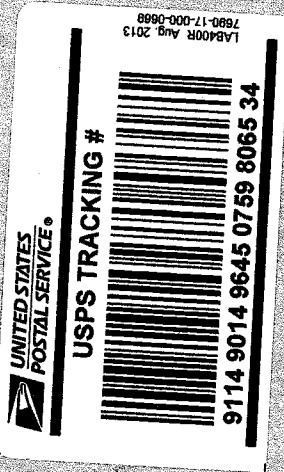
Case Number	Date of Order (or date requested)	County / State	For which children?	Type of case
1.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
2.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
3.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
4.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship

## 6. Other Cases Involving Violence or Abuse

List any protective order, domestic violence or child abuse cases involving any adult or child listed on this form:

Case Number	Who was the Order against?	Who did the Order protect?	Date of Order (or date requested)	County / State	Type of case
1.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
2.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
3.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
4.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order





LEGAL

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH WESTERN TEX  
% U.S. COURT HOUSE CLERK  
111 E. BROADWAY STE #1  
DEL RIO, TEXAS 78840

MAIL ROOM  
#121692  
2 P.C.F. Dorn 22  
SACR 0931 TX  
P.O. Box 849

LEG GAL MAIL  
CONFIDENTIAL